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ABSTRACT

This presentation, which is based in part on a cross-cultural survey of East Africans and also on research conducted in Ethiopia, highlights the importance of traditional knowledge of midwifery. Examples of traditional skills in pregnancy and birth care, and of child care and child rearing in several East African countries, are offered. It is argued that midwives are the key people in launching sound and successful ways for bearing and bringing up children, and for giving them a bright future. Midwives have a crucial role to play in the harmonious combination of the benefits of nature and necessary technological interventions. Background and introductory sections are followed by discussion of: (1) maternal and birth care, infant and child care, and child development and child rearing practices in East Africa; (2) benefits of traditional midwifery; and (3) a harmonious synthesis of modernity and tradition. It is concluded that the building of bridges between modernity and tradition will result in an improved cultural understanding of the role of midwifery in the promotion of safe motherhood and sound child development. A total of 32 references are cited. (RH)

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A MIDWIFE'S GIFT-LOVE, SKILL AND KNOWLEDGE
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PREGNANCY, BIRTH, INFANT AND CHILD CARE -
MIDWIFERY SKILL AND KNOWLEDGE

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PREGNANCY, BIRTH, INFANT AND CHILD CARE -

MIDWIFERY SKILL AND KNOWLEDGE

I. BACKGROUND.

Material for this presentation is based upon experiences from the author's research in East Africa, mainly in Ethiopia, and a cross-cultural work in collaboration with the Consultative Group, UNICEF, New York and SIDA, Sweden. Negussie's (1988) research in Ethiopia includes a detailed study of traditional peri-natal knowledge among elderly women in Southern Shewa. Many of the methods described have great relevance for modern peri-natal care and constitute valuable examples of how traditional birth technology could be combined with modern birth technology in a harmonious way. There are many evidences of the existence of birth practices, which today face a revival among modern midwives. The cross-cultural study comprises a survey of existing traditional knowledge about child care and child rearing in East Africa.

Aims of that cross-cultural study is to create a document base for further studies in these countries, also constituting a basis for continued documentation on national level.

Methodologically, the study is a review and analysis of selected literature, found in libraries with special focus upon East African issues.

The material reviewed and analysed will be used as a basis for further research in the countries concerned. Further, it will be presented within an international network through the Consultative Group and UNICEF. Also it serves as a basic document for development agencies, such as SIDA, World Bank, UNICEF and UNESCO. An expected result will be a stronger focus upon mothers' and the early childhood's importance for a child's future development and educational achievement.

II. INTRODUCTION.

Experiences from research within early child care, early child development and early child rearing clearly indicate that qualified care of mothers and infants are crucial for the child's future development and achievement in school (Negussie, 1989a, 1989b, 1990a).

Thus, a midwife plays a far more important role than only being the attendant at pregnancy and delivery only. Ongoing research in East Africa, for example, indicates that there is a fortune of modern and traditional midwifery knowledge which constitutes an educational basis for the child. A midwife can help women to make their childbearing a good experience for them. In addition, she create a harmonious environment for the newborn, which will be of importance for its future development. Taking the most fundamental nutritious method, breast-feeding, into serious consideration, they will contribute to an infant's early development and behavior. Nutrition, seeking behavior, mother-and-child interaction et cetera, will all of them be the most important ground pillars for the child, its health, but also its future intellectual capacity, hence its educational achievement. There are many examples of the importance of early mother and

child care, and the importance of the caretaker, here the midwife.

Negussie (1990a) has earlier this year presented a review of some material from East Africa, in which maternity care practices and childrearing practices are discussed. It includes a review of some of the newest publications concerning child care, child development and child rearing in a traditional perspective. Forthcoming material analyzes and synthesizes such material in a broader perspective (Negussie, forthcoming).

This paper presents examples from several different countries in East Africa, with high emphasis on traditional skills in pregnancy and birth care as well as in child care and child rearing. There are many reports also about modern maternal and child care practices in these countries. It is out of scope for this study to include them. Some of them are found in Negussie's (op.cit.) forthcoming works.

The following presentation aims to highlight the importance of taking existing midwifery knowledge into account, especially during times of economic constraints. Building bridges between modernity and traditions, therefore, will result in a better cultural understanding and a global perspective of the role of midwifery. Such a development of human competences will result in a national and global safe motherhood and child development.

The presentation includes traditional birth practices and child care practices from rural Ethiopia, child care practices from Kenya, glimpses of maternal and child care in Tanzania, Uganda, Zambia et cetera. Reviews of existing literature as well as empirical experiences show a hidden human health competence. With emphasis on the beneficial and eradication of the harmful there are ways for a successful development for primary health care, for reaching the goal of health for all, and for education for all. Midwives are the key people in launching the sound and successful ways for bearing children, bringing up children and giving them a bright future! They have a crucial role in a harmonious combining of the benefits of nature with necessary high technological measures.

III. MATERNAL AND BIRTH CARE, INFANT AND CHILD CARE, CHILD DEVELOPMENT AND CHILD REARING PRACTICES IN EAST AFRICA.

III.1. Pregnancy and Birth Care Practices.

Elderly women in rural Southern Ethiopia describe pregnancy to be an important event both for family and for society. The old people greet it as a continuation of their lineage and family and parents feel safe about their own old age. The cultural attitude is strongly pro-natalistic, and since children play important roles in family and society, all beliefs and preventive rituals concerning conception and pregnancy are carefully kept, especially in rural areas (Negussie, 1988).

Elderly women describe many characteristics and rituals around childbirth. Signs of pregnancy are discussed, fetal development is followed and the position of fetus in utero is diagnosed by palpation. External versions are done in cases of transverse or breech positions (Negussie, op.cit.).

The mother's behavior during pregnancy is carefully followed. It is important to sit down carefully (Negussie, op.cit., also commented from Tanzania, by Billington et al., 1963 and from Uganda by Weaver, 1976). Lack of care could cause a transverse position of fetus. The manner of lying down is also important, since hasty turning could be dangerous for the fetus. Hasty movements could hurt the fetus and cause a twisted cord. Secondly, hasty turning could hurt the afterbirth. Further, a pregnant woman should walk slowly and should not be standing in the sun for a long time. It could cause her fainting.

Sexual avoidance should be respected during late pregnancy, since sexual activity could cause premature delivery. Other complications, which could occur are premature rupture of the fetal membranes, inconvenience for the mother and harm to the fetus (Negussie, op.cit.). Similar findings were found by Imperato (1977) among the Bambaras (Mali).

According to Negussie (op.cit.) there were other avoidances and prohibitions, such as drinking alcohol, participation in certain emotional events and watching different events. Association with women, who had a miscarriage or a stillbirth should be avoided. It could have a negative psychological effect upon a pregnant woman. Moller (1961) reports about similar taboos among the Wachagas in Tanzania.

Many food taboos exist. For example, fatty items should be avoided (butter, cheese, fatty meat). It could cause a too large fetus, hence a difficult delivery. Further, the infant could be born covered with too much vernix caesosa, which is considered a sign of immaturity and sometimes also uncleanness (Negussie, op.cit., Moller, op.cit.). There are food taboos, which are directly related to pregnancy, but there are also taboos with religious or cultural meaning. Negussie (op.cit.), Moller (op.cit.), Billington et al. (op.cit.), Lagercrantz (1950) and Alemu (1987) are some authors, who discuss pregnancy food taboos from Ethiopia, Tanzania, Uganda and from ancient Oriental times.

Negussie (1988) describes behavioral avoidances and prohibition from Ethiopia. Anger, sorrow and emotional shocks should be avoided. Looking at destroyed things, at monkeys, at weak persons and dead persons were other prohibitions. The reasons were all that it could cause an emotional shock and in the case of anger also result in a child with bad temper. Usually, it could be stated that a pregnant woman should eat good things, experience good things, hear good news and look at beautiful things. Clothing during pregnancy should be loose and comfortable and often combined with a prohibition of wearing any kind of knots. The avoidance of knots is symbolic, a woman's delivery could be tied up. Such rituals are described also from other cultures, in general by Frazer (1987), Schwantz (1986) and Negussie (op.cit.).

In Ethiopian cultures it is/was common that a pregnant mother went to her maternal home for her first birth. The reason why a woman should have her first delivery is that she should experience her new status as a mother in her own family. It is important for her to be in a safe and known environment, while she is in the vulnerable stage in passing from girlhood to motherhood. It is/was also common that the firstborn child is fostered by the maternal grandmother, and that the woman herself returns to her husband's family. The custom is declining due to distances and lack of means of transportations.

Traditional birth customs, thus, recognizes the importance of a familiar environment, avoidance of psychological stress, and learning of new skills from the older generation. Such customs are persistent also in transitional and modern areas. The importance of keeping childbirth as a family and society event is so strong, that people may decide to keep a woman, who could get a complication home instead of bringing her to a hospital/clinic far away, and with nobody of her own with her. This should be taken into account when dealing with high risk mothers, who need specialized care, but who also expect to have somebody of her own family at her side. If the traditional family/expert midwife could follow, she could give the cultural and environmental data about the woman, and at the same time learn about modern obstetric handling.

III.2. Traditional Midwifery and Birth Care.

The role of traditional midwives is well described from many societies. They are often named traditional birth attendants (TBAs), and with a special training course trained traditional birth attendants (TTBAs). Anderson et Staugård (1987) and Negussie (1988) prefer to call them traditional midwives. According to these authors the title traditional birth attendant is too limited for their function. A review of their work in general and in Ethiopia in particular is done by Negussie (op.cit.). A multitude of sources dealing with TBAs is presented by her.

Negussie (op.cit.) found at least two levels of traditional birth handling knowledge in rural Ethiopia. There are generalists, family midwives, who serve the nearest families and neighbours, and expert midwives, who serve the extended families and the clans. They have a wider responsibility and are referred to in cases of complications. A third level of practitioner is/was the traditional healer, who could perform different kinds of surgeries and who knew special traditional herbs for complicated cases. Also the midwives had detailed knowledge about traditional pharmacopoeia.

A midwife is usually consulted when contractions are regular, and she will stay with the woman and assist her when finally the infant is born. The midwife, though, is also a consultant, who advises the woman about diet, behavior, child care and peri-natal care. She has the possibility to handle difficult labors, such as an external version of a fetus in faulty position. Continuous contractions, disappearing contractions (uterine inertia) and tight perineum are other complications, which are dealt with. If women are circumcised with infibulation, they have to make perineotomies. This type of circumcision, though, is uncommon in Southern Ethiopia, but occurs in areas bordering to the Sudan and Somalia. Some ethnic groups within Ethiopia practise infibulation. Excision, which is common in Southern Ethiopia does usually not cause an obstructed labor.

The traditional life-chart (Negussie, 1988) is of great interest. In societies, which in much are depending upon oral traditions there are special rules about transmitting news. The birth of a child is announced by "il-il-il"-cries (ululation), which differs in joy and loudness according to the outcome of delivery. A specific number of "il-il-ils" are done for a boy and a girl respectively, thus announces the sex of the new infant. The strength of the cry tells about a total joyful event or if lower

about some fear of complication (premature birth). In cases where a stillbirth occurs, there are no cries and people know that something went wrong. Women could express "eh", "t'", "t'" or a silent "eh, it was a boy/girl". If the mother dies, lamentation cries tell about the sorrow event, even if the infant is alive. A joyful and loud "il-il-il" tells about a normal delivery with a living and healthy mother and infant.

A pregnant woman always has a free choice of delivery position and can lie in the position in which she is most comfortable, be it recumbent, semi-recumbent, squatting, standing, lying or half-lying. The traditional midwife follows her choice and sits beside her. She avoids pulling and waits patiently until the infant is delivered. She has always some warm material to wrap the infant. In olden times, it has been common to use the inner fibers of "ensete edulis" (false banana) for wrapping. Such material is soft and clean and is often called the first traditional blanket. Nowadays people may often use modern baby-blankets.

Many other details of birth care among the Southern people in Ethiopia are presented by Negussie (op.cit.). Another example could be the handling of delayed placenta, for which the traditional midwives had many methods, like changing the mother's position, abdominal pressure manually or by application of binders on abdomen. Back-carrying was common (and is also described from other cultures). Traditional herbs were also used. The placenta was carefully checked, should look as a liver, and no pieces should be left in utero. It was well known that it would cause infection, fever and usually maternal death.

Handling of births differs in rural areas and in urban/semi-urban areas. Kwast (1988), for example, describes the role of traditional birth attendants in Addis Ababa. It differs from that in rural areas and the reasons for such differences could be many. One important observation, which also was made by Negussie (op.cit.), was that traditional midwives in urban areas knew their patients less than those in rural areas. The population to be served was often a composition of women from many different sub-cultures, which also could be a reason for alienation and avoidance to call upon them. In rural areas, on the contrary, the traditional midwives know their clients, have followed them since their childhood, are well acquainted with their families, their environment and their languages.

Butt (1952) describes birth customs among the Shilluk people in the study about the Nilotes in the Sudan and Uganda. Their women often returned to their maternal homes in good time before delivery (compare Ethiopia). Cleansing ceremonies after delivery were performed certain days after, and in much similar to those described by Negussie (from Ethiopia). Ajoka mothers were secluded for a number of days after delivery, a custom, which seems to be prevalent in many East African cultures. Lewis (1955) describes such customs from Somalia (40 days seclusion), and Negussie (op.cit.) from Ethiopia (40 days seclusion). Many elderly women comment that this confinement period is necessary for the new mother in order to learn to know her child, make breast-feeding in function and also in order to prevent contact with contagious diseases.

A number of birth customs are presented by Moller (1961) in the work from Tanzania (Wagogos, Walugurus, Wanyakyusa and Wahehes). There are descriptions about the handling of delayed placenta with methods, which include administration of herbal drugs, with

external pressure and change of the woman's position. Also manual removals of placenta are described. The parturient woman is usually delivering in a sitting, half-sitting or half-lying position, just according to her own desire. The birth attendant is sitting behind or beside her. The umbilical cord is cut after placenta has been delivered (also in Ethiopia, Negussie, op.cit.). In former days a sharp knife, a piece of sliced bamboo or any kind of sharp instrument could be used. Pieces of obsidian (volcanic stone) has been used in rural Ethiopia. Nowadays it is common to use razor blades. Sexual activity is usually prohibited the first months after delivery, so also in Ethiopia.

Billington et al. (1963) describes customs from Uganda (the Bagandas). Pregnancy is considered a "hot stage", thus all kind of "hot food" is prohibited. Women often deliver in a kneeling position, assisted by a female relative. Herbal medication is given, such as some bark of a plant containing a powerful oxytocin.

From several cultures there are descriptions about the plastering of the umbilical cord. Of interest can be mentioned the use of colostrum on the cord scar. Butter-oil is used in some cultures, and from a couple of cultures, ash is mentioned. Dung was not used in those cultures studied. Mostly nothing is done, and the cord is cut about a fingerlength from the abdomen. Underbinding was done by thread, by banana fibers (Billington et al., op.cit.), or the fibers of "ensete edulis" (Negussie, op.cit.). The Dinkas of the Sudan use a sharp sliver of cane, never with a knife or a blade, which are associated with war and danger.

The Dinkas of the Sudan consider a traditional birth attendant something much more than only an expert in midwifery. There is also a divine component and a special relationship is always developed between the child, the woman, the family and the midwife. It is almost in parallel with the Christian institution of a "godmother". Many rituals are done to secure the birth of a child, its coming to the world is a crucial task for all members of the society. harmony is important and any trace of jealousy is considered dangerous for the child. Hence, many rituals are performed (Deng, 1972).

Leslau (1979) describes birth customs among the Falashas (Black Jews) in Northern Ethiopia. Birth is a period of total confinement, and the mother has to perform certain cleansing rituals before re-entering into society. Also birth attendants (always two) have to go through cleansing ceremonies. Other brief reports about birth customs in different parts of Ethiopia is presented by Okubagzi (1979), who discusses birth attendants and their work in Gondar in Northern Ethiopia. Barnabas (1982) tells about the Tigray women in Northern Ethiopia. There are many similarities within Ethiopia, but also differences, sometimes due to the differences in climate and environment. Southern Ethiopia in its turn has many similarities with the Southern Sudan, with Somalia, with Kenya, Uganda and Tanzania. There are birth customs similar to each other described also from Southern African cultures.

In the Sudan women often have restricted food intake during pregnancy, mainly due to morning sickness, which is prevented by eating little and limited items of food. It is also believed that a large fetus could cause a delayed or obstructed labor. On the other hand the mother is given the best of food during the confinement period, which is a resting period for herself, and a

time for training of breast-feeding (El Shazali, 1982). Mbevie and Njoki (1982) discuss childbirth practices and the role of traditional birth attendants in Kenya. They report about the handling of transverse and oblique lie and how the traditional birth attendant performs external versions. Delayed placenta is treated by giving herbal drugs or by massage. Placenta blood is milked towards the infant before the cord is cut. The infant is placed in warm clothing and mucus is removed by suction. Postpartum haemorrhage is treated with herbal medicines. During the confinement period the mother is treated with nutritious food to strengthen her. Breast-feeding is practised after colostrum is discarded (contrary to the findings by Negussie, op.cit. and Moller (1961).

Modawi (1982) reports about the traditional birth practices and the traditional birth attendants in the Sudan. Various heritages exist, due to migrations (also in Ethiopia). Relatives and older women are present during labor, and they pray for the laboring woman's safety. The woman usually kneels down and gets support during the contractions by pulling on a rope hanging from the roof. The traditional midwife, called the rope midwife, sits behind the woman to manage labor. This practice is decreasing and is being replaced by lying down and lithotomy positions. Squatting is not practised. Confinement is 40 days, and the mother follows a fattening diet.

In Somalia most deliveries take place at home with only assistance of a traditional birth attendant, or any elderly woman, who can improvise as a birth attendant in case of emergency (SWDO, 1985).

Talle (1989) reports from the Masais (Kenya, Tanzania) how a woman when she is giving birth is assisted by her female co-residents, who help her with the delivery as well as the cleansing and smearing of the infant. The child is taken to the gate the first evening for its first wash. The gate is an important symbol among the Masais as well as many other pastoralists. Drawing of blood is often done for a woman in childbirth, since blood is believed to restore her strength after losing blood during birth.

There is a multitude of literature dealing with traditional childbirth and traditional birth attendants. Some of them are presented by Ahlberg and Negussie (1985). Generally it can be stated that there are many practices similar to those found in modern midwifery care. General stimulation of the newly delivered infant occurs, such as holding upside down, sprinkling with cold water, rubbing with fine sand and smacking. However, in many cultures the baby may be left unstimulated until after the delivery of the placenta. The establishment of free airways is done by mucus-sucking of mouth and nose, cleaning of throat with a finger and blowing into the baby's nose. As regards warming, there seems to be much more awareness and many practices are routinely applied. In order to supply heat to the baby, the delivery room is kept heated with a continuous fire, which sometimes is placed under the mother's bed. The placenta might be warmed up in an iron disc before the umbilicus is cut. The baby is then often bathed with hot water, wrapped and swaddled. The wrapping in ensete-fibers (in Southern Ethiopia) is another method to preserve warmth. The custom of keeping the newly born infant close to its mother and thereby preserving warmth by skin-to-skin contact is common.

Ransjö-Arvidson et al. (1989a) present a study about maternity care routines in a teaching hospital in Zambia. They conclude with a statement that "procedures should ideally be based on assessment of their local appropriateness..." The study is conducted in close collaboration with Zambian midwives. Ransjö-Arvidson (1989b) also discusses society and birth in her master's thesis (Zambia and Sweden), stating that there are many studies made by sociologists, by psychologists and anthropologists, while the studies done by midwives and their perspective is missing. Christenson et al. (1988) studied midwifery routines and prevention of heat loss in the newborn, a study from Zambia, a theme also for her master's thesis (Christenson, 1990).

In addition, there are many more medically oriented studies, which focus upon specific topics, such as fetal growth, low birth-weight, nutrition and pregnancy, twin deliveries, stillbirths et cetera. Such material is analysed for a coming publication (Negussie, forthcoming). Many social science oriented studies do also deal with childbirth, child care and child rearing. Those reviewed for this paper are only gleanings from an enormous multitude of material.

III.3. Infant and Child Care Practices.

In addition to the experiences from Ethiopia (Negussie, 1988), some remarkable research is reported from Kenya. Most famous are the many studies done by LeVine and his co-researchers. A few examples will be given, others are found in Negussie (1990a and forthcoming).

LeVine and LeVine (1977) describe child care practices from the Gusii people in Kenya. Infancy is pointed out as a period, which is characterized by the greatest amount of attention to children's needs and very little to their training. Thus, nurturance is the main task of a mother the first years of a child's life. Infants are particularly susceptible to the "evil eye", not because they are young, but because their skin is still light brown and therefore delicate (compare Ethiopia). Many rituals are done for the prevention of such malveolence.

The traditional midwife is the most important teacher, and comes to the newly delivered mother for giving her advice about infant care. A very intensive relationship is developing between the infant and its mother, who nurses him. The Gusii word for breast-feeding is the same word as that which means "to give birth", and this identity conveys the importance of breast-feeding to the Gusii infant (LeVine and LeVine, op.cit.). It is of utmost importance to attend the infant's needs. There are no feeding schedules, the mother nurses whenever the infant cries and does not try to anticipate its hunger. At night the mother sleeps naked with the infant. These customs are similar to those found in Southern Ethiopia (Negussie, op.cit.). Other examples of traditional child care, child development and child rearing practices are presented by Negussie (in preparation).

Difficulties in breast-feeding, such as distended breasts are coped with under the supervision of elderly women and midwives. There are certain herbs, which can be applied to the breasts. Leaves of "*Ricinus communis*" is, for example, used among women in Southern Shewa. The leaf is warmed on an iron plate and then applied on the breast. It renders fairly quick relief. Such methods have been described from several cultures (in Somalia, by

Samuelsson, 1985). The method is very old. Negussie (1988) found, for example, that Dioskorides (78 AD) in his Materia Medica has reported the use of powdered leaves of "Ricinus communis" for breast care. Also other herbs are used in a similar way. The traditional midwives and healers are the experts of such knowledge.

During the first period after a delivery it is common that elderly women and/or traditional midwives supervise and teach newly delivered mothers about infant care, infant feeding and child care in general. These elderly women are usually to be found nearby and are often attending as child-nurses. There are also some women, who are specialized in child care and to whom the mothers will entrust their infants in cases of long travels or when having problem. These women usually know how to make milk substitutes and how to deal with sick infants. They could be called "traditional child nurses". A traditional midwife and a traditional child nurse may work together and the latter one may take care of the infant after delivery, whileas the traditional midwife handles the birth (Negussie, 1988).

IV. BENEFITS AND ADVANTAGES OF TRADITIONAL MIDWIFERY. WHAT COULD WE LEARN?

It is evident that each cultures has its own proven experience of how to deal with pregnancies and childbirth. Much of this has so far been unknown to cultures outside them. A review of material dealing with so many customs in so many cultures has revealed a lot of beneficial practices, which also often have existed in a similar way in other cultures, for example, the Western cultures.

Childbirth represents so many values in a society, a joyful event for parents, a continuity for lineages and society, a security for elders and new transmitter of cultural values for coming generations. The societal interest in childbirth is striking in the different cultures in Africa, which in general has a pro-natalistic attitude and a strive for many children. There is, however, a planning of births, at least in the rural areas, where it is a common rule that there should be an interval of at least two years between each birth. Prolonged breast-feeding is one of the methods to space children.

The handling of deliveries gives us many lessons. Emotional and psychological support and help are always given and a mother may deliver among her family members. Much attention is paid to this transitional rite, a woman passing from girlhood to motherhood. Since such a period is a vulnerable stage for mother and child, there are many measures undertaken for a safe development. The confinement period allows the mother for a gradual adaption to her new stage and the nutritious food that she is given restores her from the loss of strength that her delivery has caused.

Other benefits, which could be learned is, for example, the close and intimate relationship between mother and child, who nearly always are together in an unbreakable symbiosis. Carrying the infant all day long, sleeping together (skin-to-skin contact) and a total "on-demand" breast-feeding allow for the secure development and interaction between mother and child. It seems that those mothers are able to interpret the physical signals from their infants so early that the child needs not even cry for its needs. Toilet training seems to come naturally at a very low age. No stress is noticed in connection with toilet training.

Up to the age of two years there is a continuous relationship, after which time weaning begins. Weaning itself is a painful experience for the child, which for the first time in his life is separated from its mother, often because a new sibling is on his way. The method of weaning is abrupt, women mostly anoint the nipples with sour or bitter plant juice and the infant will not return to its former good source of milk. The infant is also separated from sleeping together with its mother, and is from now on expected to sleep together with other siblings or its grandmother.

From this time and onwards, childnurses start to take over the practical child care. The mothers, however, are very observant about their behavior and supervise steadily. Another important and beneficial custom is the intensity and regularity of breast-feeding, which is found in many of these cultures. Breast-feeding "on-demand" is a rule in most African societies. The most important task of a newly delivered woman is to breast-feed her child, to withdraw an infant from this nutritious source is considered almost a crime. The infant is searching the breast and takes the initiative and the mother totally follows its wishes. It is common to breast-feed a child to the age of two years, but during this time the child has also got used to solid food.

There is, anyhow, a tendency of declining breast-feeding, mostly in urban and semi-urban areas. It is mostly due to mothers' work and an extremely short pregnancy leave and then no possibility to continue. Further, there are milk formulas available and mothers entrust their childnurses to bottle-feed their children. Lack of clean water, appropriate amount of milk-powder, irregular feeding are some of the problems which occur and which often result in increased diarrhoeas.

The traditional midwife plays an important role in the families in traditional societies. As mentioned, she is usually something more than only the attendant at birth. She has often a role of a supervisor or teacher for the mother and her child. She is rendered much respect from society, and is called upon in many life crisis. She may often be called upon also in sickness and she has often a well reputed knowledge of herbal drugs and the treatment of ailness. Her role could in some aspects be compared with Western type of "district/community midwives". Since she mostly has a sound knowledge about traditional midwifery, she is a key-person in the bridging between old and new; modern and traditional.

In societies, where there are few and scattered health institutions traditional midwives' role is crucial for the survival of mothers and children. Giving them a training for some more tasks and helping them to eradicate the harmful customs is one of the most important global tasks for midwives, who have more favorable working conditions. In addition, it is of importance to supply them with some means of transportation for risk mothers, who they often handle and understand the hazardous outcome of an obstructed labor.

At the same time, we should learn about their patience to handle the mother in labor and their willingness to let the mother decide about her delivery, for example, about the position at delivery. What has been modern all the time in traditional societies, now becomes modern in modern societies. Further, there are many dietary rules, which should be preserved. The last

sentences in this paper will throw some light upon the importance of making a harmonious synthesis between modernity and tradition and to utilize the love, skill and knowledge of midwives, be they modernly trained in a high technological surrounding or traditionally trained in women's own culture and working in their type of environment.

V. A HARMONIOUS SYNTHESIS OF MODERNITY AND TRADITION. ARE THEY CONTRADICTORY OR COMPLEMENTARY FORCES?

In conclusion, there is a question whether traditions and modernity can be joined in a beneficial symbiosis. It is evident, that there is a wealth of valuable knowledge among traditional societies, which should be preserved, and made known to the rest of the world. In modern societies it is often discovered that something fundamental is lost, namely the cultural and environmental framework in which each woman bears her child. Many researchers also focus upon such values. Modern midwifery research often emphasizes the importance of values like breast-feeding (Widström, 1988), preservation of warmth (Christenson, 1990) and maturity of mothers (Welles-Nyström, 1988). Cross-cultural studies reveal that there are many similarities between birth handling in modern and traditional handling of birth. An exchange of knowledge would enrich midwifery skills.

One of the most important lesson that can be learned from the traditional societies is the respect for a bearing woman and her wishes in connection with her delivery. She is the decider about her position at delivery and she will deliver in the midst of her family, her other children and her society. After a completed delivery she is honoured for her work and well treated with food, and gets help with daily household chores. Her other children are well taken care of, and she has always her traditional midwife to ask and trust. Her delivery can be properly completed according to cultural norms. This includes the handling of placenta, cord and the performance of certain rituals after delivery.

Midwifery needs to re-occupy some of the most important characteristics of the profession. Midwifery, an art and a skill, is enormously important for the mother and for her infant. Learning from each other, sharing experiences cross-culturally would be one important groundpillar in the development of safe but natural and harmonious birth of a child. It also becomes more and more known, that the pregnancy and birth period is of utmost important for a child's future development and health, and for its educational achievement.

A midwife with love and respect for the mother, skill of handling complications and sound insight in modern technological obstetric handling would, therefore, be our most important goal for the nearest decade. High technology is certainly a necessity, but carefulness about unnecessary and stressful routines needs attention. One example is given by Röckner (19..) in her studies of the performance of episiotomies in Sweden. There is certainly a risk that midwifery becomes dependent upon obstetric surgery and technology. A skilled midwife is a guardian towards an overuse of high technologies, but also for the safe births for all could be our slogan for the year 2 000!

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